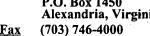
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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maintenance fee notification		in Block 1, by (a) specifying	a new correspondence addres	ss; and/or (b) indicating a sepa	irate TEE ADDRESS for
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759		61: - 43	have its own certification	ate of mailing or transmission.	_
SUGHRUE, MIO MACPEAK & SEA 2100 Pennsylvania Washington, DC 20	S, PLLC Avenue, N.W.	OCT 21 7004	I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Transthis Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE address SPTO (703) 746-4000, on the contract of the sufficient postage for final Stop ISSUE FEE address SPTO (703) 746-4000, on the contract of the sufficient for final s	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
10/22/2004 AKELECH2 000					(Depositor's name)
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01 FC:1501 1370.00 OP 02 FC:1504 300.00 OP					(Date)
APPLICATION NO.	FILING DATE	FIRST NAMI	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,915 07/11/2003		Piermario Repetto		Q76513	2407
TITLE OF INVENTION. LI	on I doine for display		-MOUNTED OR HEAD-UP	TYPE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1,320 /370 \$300		s167C	11/22/2004
EXÁMINER		ART UNIT	CLASS-SUBCLASS		
BEN, LOHA		2873	359-633000		
Address form PTO/SB/12: "Fee Address" indicatio PTO/SB/47; Rev 03-02 or	nce address (or Change of Co	on form (1) the nor agents (2) the nor registere (2) registere (2) register	inting on the patent front page, ames of up to 3 registered pat OR, alternatively, ame of a single firm (having as d attorney or agent) and the na red patent attorneys or agents.	ent attorneys PLLC s a member a mes of up to	RUE MION,
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3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in			IT (print or type) pear on the patent. If an assig e for filing an assignment.	gnee is identified below, the d	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
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4a. The following fee(s) are e ✓ Issue Fee		4b. Payment o	f Fee(s):		\
,	all entity discount permitted)	A check	A check is attached for the NOA Fees payment.		
☐ Advance Order - # of C		Please cl	Please charge any payment deficiency and		
		credit ov	credit overpayment to PODA 19-4880.		
 Change in Entity Status (a. Applicant claims SM. 	from status indicated above) ALL ENTITY status. See 37	CFR 1.27. □ b. Applic	eant is not claiming SMALL EN	NTITY status. See, e.g., 37 CFI	R 1.27(g)(2).
	blication Fee (if required) wi	Il not be accepted from anyon	ny) or to re-apply any previous ne other than the applicant; a re		
(Authorized Signature)	V. Sloan	(Date) / Reg	-21-04		
This collection of information an application. Confidentiality submitting the completed app this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1	is required by 37 CFR 1.31 y is governed by 35 U.S.C. I dileation form to the USPTO for reducing this burden, sho ia 22313-1450. DO NOT SI 450.	I. The information is required 22 and 37 CFR 1.14. This co. Time will vary depending u uld be sent to the Chief Infor BND FEES OR COMPLETE.	Ito obtain or retain a benefit by obtain or retain a benefit by oblection is estimated to take 12 upon the individual case. Any of mation Officer, U.S. Patent and D FORMS TO THIS ADDRESS is the control of information unless in the control of information unless is	minutes to complete, includir comments on the amount of tind d Trademark Office, U.S. Dep SS. SEND TO: Commissioner	ng gathering, preparing, and my you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,